

PART B - FEE(S) TRANSMITTAL

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7590 05/11/2009

Sandeep Jaggi
 LSI Logic Corporation
 Intellectual Property Law Dept.
 1621 Barber Lane, M/S D-106
 Milpitas, CA 95035

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10718.824	11/21/2003	Lav Ivanovic	030928/2935P	1337

TITLE OF INVENTION: REFLECTIVITY OPTIMIZATION FOR MULTILAYER STACKS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	08/11/2009
EXAMINER	ART UNIT	CLASS-SUBCLASS				
JANAKIRAMAN, NITHYA	2123	703-002000				

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. WILLIAM W. COCHRAN
 2. COCHRAN FREUND & YOUNG
 LLC
 3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE
 LSI CORPORATION

(B) RESIDENCE: (CITY and STATE OR COUNTRY)
 1621 Barber Lane, MS D-105
 Milpitas, CA 95035

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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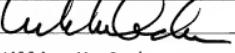
A check is enclosed.
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 501491 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature 

Date 10 September 2009

Typed or printed name William W. Cochran

Registration No. 26652

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